

<p style="text-align: center;">STOP Violence Against Women and SASP Grant Programs FFY 2014 - 2015 Request For Continuation Funding</p>

Please complete this form to request continuation funding from the FFY 2014 - 2015 STOP/SASP Grants for the period covering January 1, 2016 until June 30, 2016.

Name of Agency _____

Address _____

Email _____

Sub-grant Award Number _____

STOP/SASP 2014-2015 Award Amount _____

Continuation Amount Needed _____

Please answer the following:

Current Award will be depleted by 12/31/15? ☐ Yes ☐ No

If not, approximately how much will you be returning? \$_____

Monthly reimbursement claims are current. ☐ Yes ☐ No
If not, please explain _____

Semi-annual report was submitted by July 31, 2015. ☐ Yes ☐ No

Any significant changes to the project as funded in calendar year 2013?
 ☐ Yes ☐ No

If yes, please explain. Attach additional pages if necessary.

My signature below indicates that my agency requests continued funding for calendar year 2015 based on the application submitted to the Nevada Attorney General in the fall of 2014 (unless otherwise discussed above). All certifications, conditions, and assurances submitted with the 2014 application remain in effect. I understand that payment of January 2016 expenses will be contingent upon the AG grant administrator receiving my agency's Annual Progress Report for calendar year 2015.

This mandatory form, with original signature, must be received in the Grants Unit, Office of the Attorney General, 100 North Carson Street, Carson City, Nevada 89701 by **October 23, 2015 at 5:00 pm**.

Signature of Authorized Official

Date

Printed Name and title